

## Energy Infrastructure and Impact Office

[www.nd.gov/energyimpact](http://www.nd.gov/energyimpact)



Lance D. Gaebe, Commissioner

October 1, 2015

### Re: 2016 Critical Access Hospital Grant Round

On behalf of the North Dakota Board of University and School Lands (Land Board), the Energy Infrastructure and Impact Office is accepting applications from Critical Access Hospitals (CAH) for financial assistance with impacts of oil and gas development activities. Qualifying CAHs must be located in an oil producing county or in counties contiguous to an oil-producing county. The Legislature appropriated \$5 million of oil and gas impact grants for each fiscal year of the 2015-2017 biennium.

In consultation with the ND Department of Human Services the following criteria have been adopted for Hospitals to qualify for the grant program:

- Must have incurred an operating loss in the most recently completed fiscal year that meets the eligibility requirements for this grant program, excluding any grant amount received in the 2015 CAH HB 1358 Grant program.
- Uncompensated care provided by the facility must have exceeded 2.7% of Gross Patient Revenue.
  - Uncompensated care provided over the 2.7% threshold will be eligible for grant funds. However, the amount of the grant may not result in the CAH earning a positive operating margin.
  - Gross Patient Revenue is defined as Inpatient Hospital Revenue, Outpatient Hospital Revenue and Hospital Owned Clinic Revenue. It excludes revenue from Nursing Home, Assisted Living, Basic Care, Hospice, Home Health, etc.

Interested eligible CHAs should submit a grant application (attached) with the following required documentation:

- A copy of the fiscal year July 1, 2014 through June 30, 2015 audited financial statement and work papers.
- Related financial work papers from the facility's auditors that verify the gross patient revenue, uncompensated care and operating loss that may not otherwise be specifically and individually identifiable in the financial audit.

An advisory committee of critical access hospital officials will assist the Energy Impact Office in reviewing the applications and making recommendations to the Land Board, which approves the grants.

#### Deadline:

**Completed grant applications and supporting documentation must be submitted to the Energy Infrastructure and Impact Office and postmarked by November 10, 2015. Applications submitted by e-mail to [energyimpact@nd.gov](mailto:energyimpact@nd.gov) will be accepted until 11:59 p.m. Central Time on November 10, 2015. Applications can also be faxed to 701-328-3650.**

Award notifications are expected in December 2015. Award distributions will be provided in January 2016 to those successful in receiving an award.

Questions regarding the grant round can be directed to the Energy Infrastructure and Impact Office at 701-328-2800.

## **COMPLETING THE FORM ONLINE (Form on next page)**

Efficient navigation of this form requires the use of the F11 key to move you from box to box – do NOT use the tab key. If you need to go “backward” in the form or make corrections, mouse navigation works fine.

Start at the top of the document. Using the F11 key will provide you with “stops” at each place in the form that requires attention. Wherever it stops, you can start typing your response.

When you get to the tables where you are asked to only choose one – simply F11 through the boxes until you get to the one you need and type an “X”.

If your F11 key does not work, look for a button on the top row of your keyboard (near the right) that says “F Lock”, push that key and try again.

When you have completed the form, you can email it directly to [energyimpact@nd.gov](mailto:energyimpact@nd.gov), or print and mail it or fax it to 701-328-3650, or save it to your computer for future use, whichever method best fits your situation.

Energy Infrastructure and Impact Office  
1707 North 9th Street  
PO Box 5523  
Bismarck, ND 58506-5523  
Email: [energyimpact@nd.gov](mailto:energyimpact@nd.gov)  
Fax: 701-328-3650  
Office: 701-328-2800

# ENERGY INFRASTRUCTURE AND IMPACT OFFICE

## GRANT APPLICATION

### Please Remit to:

Energy Infrastructure and Impact Office  
1707 North 9th Street  
PO Box 5523  
Bismarck, ND 58506-5523  
Email: [energyimpact@nd.gov](mailto:energyimpact@nd.gov)  
Fax: 701-328-3650  
Office: 701-328-2800

Application Date:

City, County, Township or other Taxing District:

Contact Person/Title:

Daytime Phone:

Address:

Cell Phone:

City, State, Zip:

E-mail:

If the information you entered here is different than the name and address we used on your most current correspondence **AND** if you want us to change our records to this information, please mark the next field with an "X"

### PART A:

What basic governmental service or function best describes this project? ("X" only one)

<input type="text"/>	Education	<input type="text"/>	Law Enforcement	<input type="text"/>	Recreation
<input type="text"/>	Critical Access Hospitals	<input type="text"/>	Public Works (water, sewer, etc)	<input type="text"/>	Transportation
<input type="text"/>	Nursing Homes, Basic Care	<input type="text"/>	Human Trafficking	<input type="text"/>	Fire/Rescue
<input type="text"/>	Developmentally Disabled Providers	<input type="text"/>	Local District Health	<input type="text"/>	EMS
<input type="text"/>	Sexual Assault Examiner Programs	<input type="text"/>	Domestic Violence	<input type="text"/>	Other

What best identifies the focus of your project (i.e. a request for emergency services may be for vehicle or for equipment). ("X" only one)

<input type="text"/>	Administration	<input type="text"/>	Parks & Rec Facilities	<input type="text"/>	Supplies/Materials
<input type="text"/>	Airport Improvement	<input type="text"/>	Personnel	<input type="text"/>	Training
<input type="text"/>	Building Construction	<input type="text"/>	Planning/Engineering	<input type="text"/>	Vehicles
<input type="text"/>	Building Renovation	<input type="text"/>	Rd/St Construction	<input type="text"/>	Water, Sewer, Infrastructure Construction
<input type="text"/>	Equipment	<input type="text"/>	Rd/St Maintenance	<input type="text"/>	Water, Sewer, Infrastructure Maintenance
<input type="text"/>	Other <input type="text"/> Please Identify				

What is the title of your project. (please limit this to just a couple words – there is a space for a full project description in Part D of this form)

Project Description:

### PART B:

Total anticipated cost of the project (Please use whole dollars) \$

Amount requested from the Energy Infrastructure and Impact Office \$

**PART C:** The following financial information must be provided to the department before a grant application can be acted upon. If applicable.

Most recent mill levy levied by your board (if a hospital district)

20\_\_ taxable valuation (if a hospital district) \$

General obligation bonded indebtedness (if a hospital district) \$

Revenue bonding indebtedness (if a hospital district) \$

Other indebtedness \$

**Supporting Documents to Include:**

- ☐ A copy of the completed 2016 Critical Access Hospital Grant – Work Sheet (attached)
- ☐ A copy of the most recent year-end financial statements (audited if available), for the political subdivision applying.
- ☐ A copy of the current budget
- ☐ Documentation showing the breakdown of all mills levied by the political subdivision applying during the current fiscal year, as well as the taxable valuation used to determine the mills levied. (if a hospital district)
- ☐ Documentation, if available, showing the projected cost of the project for which you are requesting a grant.

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**PART D:** (Narrative description of project. When applying for a grant during the current grant round, please identify specific projects or problems that need funding. Please identify how your request qualifies for this grant round including requirements that may be defined specific to this grant round.)

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We certify that the information contained in this application is true and correct to the best of our knowledge as recorded in the official minutes of our (Month, Day, Year) meeting, and we further certify that any funds received by (Name of Applicant) as the result of this application will be expended according to the laws of the State of North Dakota for the purpose stated in this application.

**(Type your "signature" here)**

Signature

**(Title)**

Title (Mayor, Chairman, President, etc.)

**(Type your "signature" here)**

Signature

**(Title)**

Title (Auditor, Clerk, Secretary, etc.)

# 2016 Critical Access Hospital Grant – Work Sheet

Line 1 Facility:   

Line 2 Address:   

  

Line 3 City/Zip Code   

Line 4 Completed By   

Line 5 Audit Firm   

Line 6 Fiscal Year End   

## Gross Hospital Revenue

Line 7 Inpatient Revenue \$   

Line 8 Outpatient Revenue \$   

Line 9 Hospital Owned Clinic Revenue \$   

Line 10 Total Gross Revenue = \$   

Line 11 Uncompensated Care \$      %  
(% = Line 11 / Line 10)

Line 12 Total Gross Revenue X 2.7% = \$   

Line 13 Maximum Grant \$     
(Line 11 – line 12)

Line 14 Operating Margin (loss) \$     
excluding grant amount received in  
2015 CAH HB 1358 Grant program

Line 15 Amount Eligible for Grant \$     
(Lesser of Line 13 or 14)